EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for Yes No Seemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded Yes No Yes No	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from a Yes No itability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No year up through the date of filing?	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or in the current calendar year up through the date of filing? Yes No Period or in the current calendar year up through the date of filing? No Period or in the current calendar year up through the date of filing?	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to Individual who files more than 30 days late.	New Member of or Candidate for State: HAWA!! U.S. House of Representatives District: 1 Check if Amendment Candidates - Date of Election:	Name: DONNA MERCADO KIM Daytime Telephone: U.S. HOUSE OF REPRESENTATIVES.	FINANCIAL DISCLOSURE STATEMENT FORM B FORM B	MAY 1 4 2018
---	--	---	---	---	---	--	--	--	--	--	--	--	--------------

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: DONNA MERCADO KIM

Page 2

of 55

					3,8	è,	2 Q	E G Z Z	o m ≠	The state of the s	S D S FO	N G S	T S P P	¥ 6	के क	Pro inco		_
TIEST TO TO		MORGAN		Examples:	7		For a detailed disci please refer to the	ou so choose ame source endent child ()	ou report a	stude: Your panes and vacai whe during the rest in, or rement progra	For an ownership interest in a p that is not publicly traced, at business, the nature of its geographic location in Block A.	rental and off vide a comp tal property."	bank and othe Interest-beard 2000, list even re than \$1,000	(k) plans) pro account that	not use only t	identify (a) each ass production of income is exceeding \$1,000 at the and (b) any other reports which generated more income during the year.	Assets a	
HANAIIAN BONK		AN STANLEY	ABC Hedge Fund	Simon & Schuster	Maga Corp Stock		For a detailed discussion of Schedule A requirements please rafer to the instruction booklet.	If you so choose, you may indicate that an esset or income source is that of your spouse (SP) or dependent child (DC), or jointy held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is Excepted invostment Fund, please check the "S box.	Exclude: Your personal residence, including second fromes and vacation homes (unless there was rema- income during ine reporting period); and any fancial interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan	For an ownership interest in a privately-held business that is not publicly tracked, state the name of the business, the nature of its activities, and it geographic location in Block A.	For rental and other real properly held for invosiment provide a complete address or description, e.g. rental properly, and a city and state.	For bank and other cash accounts, total the emount in all interest-bearing accounts. If the total is over \$5,000, 8s avery financial institution where there is more than \$1,000 in Interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such ex	Identify (a) each asset held for investment or production of income and with a felt market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable easet or source of income which generated more than \$200 in "uncanned" income during the year. Provide complete names of stocks and mutual funds	Assets and/or Income Sources	BLOCK A
]]		<u> </u>	×	!		뭐	ants	200	변경 기열	derail	170 SE	6.0	OVER TO	5	<u> </u>			
				<u>:</u>	_		None							-	3	indicate value of asset at use a valuation method is specify the method used. If an asset was sold during only because it genera "None."		
1		<u> </u>	<u>. </u>	_i	_	_	\$1-\$1,000								5	ato value of the back		
		ļ		Indefinite	_	_	\$1,001-\$1	5,000							ich)	alue uatio e me l was		
×				3			\$15,001-\$3	50,000					•	•	5	of as thod is sold for a		
			:	:	>	۲	\$50,001-\$	100.000					n	71	BVB	thod used the	¥a	
		×	Ĭ	:			\$100,001-	\$250,000					-	'n	8	othe s.	U.	8
			×	:			\$250,001-	\$500,000						5	child in which you have no interest	Indicate value of asset at close of the reporting period. If you use a vigluation method other than fair merket value, please specify the method used. If an easel was sold during the reporting period and is included only because if generated income, the value should be "None." Column M is for assets held by your spouse or dependent	Value of Asset	вгоск в
			<i></i>	ï			\$500,001-	\$1,000,000						=	**	ortin	458	8
				1	Γ		\$1,000,00	1-\$5,000,000			m			-		in about the	Ä	
			ŧ	1			\$5,000,00	1-\$25,000,000						-		reporting period. If you reporting period and is included the value should be spouse or dependen		
			<u>. </u>	i	Γ		\$25,000,00	01-\$50,000,00	<u>a</u>				2			yalu valu		
	-	T	:			- ~	Over \$50,0	000,000								e, pl		
							Spouse/D(C Asset over	1,000,000*					E		f you sass uded d be		
				:			NONE				_				g.			
1	, <u>-</u>	X		· • • • • • • • • • • • • • • • • • • •	>	ς ``	DIVIDENO)S		//// /	,	•	. ,	` 1\am	a a	Check all that gene 401(k), IR the "Tax interest, reinvests for asset 'None" if		
+		† · · · · ·		1	+	-	RENT			***************************************					8	THE DAME		
×		 	! -	- -	\vdash		INTEREST	_						-	porti	e se	Ą	
1		X	,		╁										20	Ser and Section Sectio	0	5
-	ļ	~	!		-		CAPITAL					*		_	during the reporting period	nck all columns that apply. Fo generate tax-deferred income (k), IRA, or 529 accounts), you "Tax-Deferred" column. (u) Tax-Deferred" column. (a) rest, and capital gains, wested held in taxable accounts held in taxable account ne" if the asset generated it	Type of Income	BLOCK C
-	ļ		į		L		EXCEPTE	DABLIND TRU	ST					_	-	pply.	g	n
				_	L		TAX-DEFE	ERRED				· · · · · · · · · · · · · · · · · · ·				Check all columns that apply. For an Check all columns that apply in that generate tax-deferred income (s that generate tax-deferred columns), you may all (ii), IRA, or 529 accounts), you may the "Tax-Deferred" column. Oxivinerest, and capital gains, everywested, must be disclosed as it for asserts held in transite accounts. None" if the asset generated no	8	
			Partnershy	Royaties			Other Type	e of Income (S	pecify; e.g.,	Partnership Income	or Farm Incom	o)				check dends, ren it		
			į	Ĭ			None						-	Г		For assu assets i capital Check *		
×			<u>; </u>	<u> </u>	>	۲.	\$1-\$200						=			For assets assets in Check N		
		<u> </u>	*	<u>.</u>	ļ		\$201-\$1,00	00			<u> </u>		3			ta for		
		×		:	L		\$1,001-\$2	500					₹.			White the street of the street		
-		<u> </u>	<u>:</u>	×	L		\$2,501-\$5	.000					<	ξl		e cay		
	<u> </u>	 	: ×	<u>:</u>		!	\$5.001-\$1	5,000					S	Current Year		rejou		
	<u> </u>	<u> </u>	-	:.	L		\$15,001-\$	50,000					§	3		was was		
		ļ	<u>:</u>		L		\$50,001-\$	100,000		···			V#	2		is for which you checked "Tax-Deferred" in B dicate the category of income by checking afins, even if relinvested, must be disclor lone" if no income was earned or generated lone" if no income was earned or generated XII is for assets held by your spouse or dep		
	L		<u> </u>	,			\$100,001-	\$1,000,000					R	11		ds were		
		<u> </u>	!		L		\$1,000,00	1-\$5,000,000		···	.,		×	1		elem by ch t be ouse	A	
	<u> </u>	1	}	:			Over \$5,0	00,000		 			×			or d	2	•
			1				Spouse/D	C (ncome aver	\$1,000,000	*			¥			ng the	Amount of Income	BLOCK D
		<u> </u>	!	3	L		None									2	-	X
×			:	<u>.</u>	L		\$1-\$200			·			*			chi in you	8	
		<u> </u>		•	Ŀ	Κ.	\$201-\$1,0	00					***			d in	3	
		X	:	;			\$1,001-\$2	500					₹	اوا		For assets for which you checked "Tax-Delemed" in Block C, you may check the "Nono" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.		
			!	ì			\$2,501-\$5	,000					<	Preceding Year		eck ti k bei assi		
			<u>i</u>	×	L		\$5,001-\$1	5,000					s	<u> </u>		J.han		
			×				\$15,001-\$	50,000					<u> </u>	12		A Ple		
1					$oxed{\Box}$	_	\$50,001-\$	100,000					§	ố		in to den		
					Ι		\$100,001-	\$1,000,000					R]5		wab hxab		
	<u> </u>						\$1,000,00	1-\$5,000.000					*	1		inter		
					T		Over \$5,0	00,000					8] [rall coop		
			1	·	1		Spouse/D	C Income over	\$1,000,000)*			<u>ğ</u>			ind and		
	_			-	_	_												_

Name: PONNA MERCADO KIM

Page 3

2 S

					T						T		7	¥8,4		_					
GUARDIAN LIFE.	GLOBAL STLANTIC		AMERICAN EQUITY	Control of the contro	HAMAII STATE		CAC OF HONOLILL		HANAII MUNICIPAL		TO AMERITANCE (IRA)	SONNA 40	VIIIO	ASSET NAME					Assets and/or Income Sources	BLOCK A	
				-	-							-	4	F	None	···········					
														. •• .	\$1-\$1,000						·- "
											:				\$1,001-\$15,000	•	,				
		}	İ	İ							:	-	ı		\$15,001-\$50,000	•	,				
×	×		×						×		×	>	K		\$50,001-\$100,000	r	,		~	ı	
					×										\$100,001-\$250,000	7			Value of Asset	BLC	
							X		·					,ca**	\$250,001-\$500,000				of A	вгоск в	
	\rightarrow	_									:				\$500,001-\$1,000,000		\dashv		SSe		_
															\$1,000,001-\$5.000,000				*		
														.,	\$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000						
	- - 	-	-	一							-	-	-1		Over \$50,000,000						
														J	Spouse/DC Asset over \$1,000,000*	3	:				.~
	Ī											1			NONE				-		
															DIVIDENDS						
											:				RENT		-		=		
															INTEREST				ad.	8	
											1				, CAPITAL GAINS			Į.	<u>\$</u>	BLOCK	
											:				EXCEPTED/BLIND TRUST				Type of Income	ĉ	
×	×		X		×		×		×		X:	3	<	-	TAX-DEFERRED				Ħe		
											:				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)						
×	×		×		×		×		Х		×	3			None			_			
											1				\$1-\$200	=					
										<u> </u>	1		_		\$201-\$1,000	*					_
				\rightarrow						-	 				\$1,001-\$2,500 \$2,501-\$5,000	~ - V	ဂ္ဂ				-
-				-					_		,		-		\$5,001-\$15.000	\$	urre				
												-			\$15,001-850,000	~ %	Current Year				
	_												\dashv		\$50,001-\$100,000	VIII	(ear			j	
		Ì									;			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100,001-\$1,000,000	R	'				
											1				\$1,000,001-\$5,000,000	×			Ā		
												\dashv			Over \$5,000,000	8			P P	00	<u> </u>
-		_	1		-				3.2						Spouse/DC Income over \$1,000,000*	×			ğ	BLOCK D	ļ
X	×		X		×		× .		×	 	X	- 12	×		None S1 \$200	-		1	in c	ô	-
				- 					L	 	 	-	\dashv		\$1-\$200 \$201-\$1.000				Amount of Income		
	-												-		\$1,001-\$2,500	2	,	Ì	a)		
1		_									1				\$2,501-\$5,000	- ··	387				
															\$5,001-\$15,000	s	Preceding Year				
															\$15,001-\$50,000	AII.	90	ł			
															\$50.001-\$100.000	≦	Yea				<u> </u>
										_	<u>.</u>	_		<u></u>	\$100,001-\$1,000,000	×	Γ				
	_													<u> </u>	\$1,000.001-\$5,000,000	×					<u> </u>
	-								 -	1-		-		<u> </u>	Over \$5,000,000	*					-
L				L		L		L	L	<u> </u>	1				Spouse/DC Income over \$1,000,000*	_ ≆		I			<u>L</u>

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: DONNA MERCADO KIM Page 9 (n

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

brossonal salance makening a indicate i relationably are round broughted in termore and sould own	n oppin.		
		Am	Amount
Source (include date of receipt for honorana)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorazium	SO SO	\$500
Examples: Civil Waz Roundbible (Oct. 2)	Spouse Speech	\$20,000	\$76,000
Onlario County Board of Education	Spouse Salary	NIA	NVA
STATE FG IZ ATLIGHT STATE OF HAMAII	SALADY (SELIATION)	4	# ** ** ** **
STATE OF HAWAII	PENSION	\$34,064	#31,560
LIFE VANTAGE	COMMISSION	# 688.IO	\$ 658.80

SCHEDULE D - LIABILITIES

Name: DONNA MERCADO KIM

Page 5 of 5

liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and

				SP. DC.JT	<u> </u>	
		BMM	Example		·	
		BANICAL JENNICAL SERVICES	First Bank of Wilmington, DE	Creditor		
		M/8	5/98	Date Liability Incurred MO/YR		
		MOTOR VEHICLE LEASE	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
		×		\$15,001- \$50,000	8	
				\$50.001- \$100,000	C	
			×	\$100,001- \$250,000	ь	_
				\$250,001- \$500,000	III,	moun
				\$500,001- \$1,000,000	16	Amount of Liability
				\$1,000,001- \$5,000,000	6	ability
				\$5,000,001- \$25,000,000	æ	
				\$25,000,001- \$50,000,000	_	
L_						
				Over \$50,000,000	٠.	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

_	_	_	_		-
					Position
					Name of Organization
				•	